

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEES TRANSMITTAL for FY 2003

FEB 12 2003 Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180)

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  MoneyOrder  Other  None  
 Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Fees from below		Fee Paid
		Extra Claims		
Total Claims			X	
Independent Claims			X	
Multiple Dependent		X		

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see above

Complete if Known	
Application Number	10/087,882
Filing Date	March 1, 2002
First Named Inventor	Salahuddin, Syed Zaki
Examiner Name	Salimi
Group Art Unit	1648
Attorney Docket No.	015280-212210US

RECEIVED

FEB 19 2003

TECH CENTER 1600/2900

FEE CALCULATION (continued)					
3. ADDITIONAL FEES					
Large Entity	Small Entity	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
		1051	130	2051 65 Surcharge - late filing fee or oath	
		1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet.	
		1053	130	1053 130 Non-English specification	
		1812	2,520	1812 2,520 For filing a request for reexamination	
		1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
		1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
		1251	110	2251 55 Extension for reply within first month	
		1252	410	2252 205 Extension for reply within second month	
		1253	930	2253 465 Extension for reply within third month	
		1254	1,450	2254 725 Extension for reply within fourth month	
		1255	1,970	2255 985 Extension for reply within fifth month	
		1401	320	2401 160 Notice of Appeal	
		1402	320	2402 160 Filing a brief in support of an appeal	
		1403	280	2403 140 Request for oral hearing	
		1451	1,510	1451 1,510 Petition to institute a public use proceeding	
		1452	110	2452 55 Petition to revive – unavoidable	
		1453	1,300	2453 650 Petition to revive – unintentional	
		1501	1,300	2501 650 Utility issue fee (or reissue)	
		1502	470	2502 235 Design issue fee	
		1503	630	2503 315 Plant issue fee	
		1460	130	1460 130 Petitions to the Commissioner	
		1807	50	1807 50 Petitions related to provisional applications	
		1806	180	1806 180 Submission of Information Disclosure Stmt	180
		8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
		1809	750	2809 375 Filing a submission after final rejection (37 CFR § 1.129(a))	
		1810	750	2810 375 For each additional invention to be examined (37 CFR § 1.129(b))	
		1801	750	2801 375 Request for Continued Examination (RCE)	
		1802	900	1802 900 Request for expedited examination of a design application	
				Other fee (specify) _____	
				SUBTOTAL (3) (\$180)	
				*Reduced by Basic Filing Fee Paid	

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Carol A. Fang	Registration No. (Attorney/Agent)	48,631	Telephone	415-576-0200
Signature				Date	February 6, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

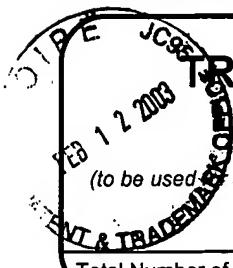
Please type a plus sign (+) inside this box → 

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

RECEIVED



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/087,882
Filing Date	March 1, 2002
First Named Inventor	Salahuddin, Syed Zaki
Group Art Unit	1648
Examiner Name	Salimi
Total Number of Pages in This Submission	Attorney Docket Number
	015280-212210US

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Letter to Official Draftsperson
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	Reissue Application: Consent of Assignee
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP Carol A. Fang	
Signature		
Date	February 6, 2003	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

February 6, 2003

Typed or printed name	Joy M. Marshall		
Signature		Date	February 6, 2003

Burden H DC 20231.  
SF 1430405 v1



PTO/SB/53 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REISSUE APPLICATION: CONSENT OF ASSIGNEE;  
STATEMENT OF NON-ASSIGNMENT**Docket Number (Optional)  
015280-212210US

This is part of the application for a reissue patent based on the original patent identified below.

## Name of Patentee(s)

Syed Zaki Salahuddin, Dharam V. Ablashi, Steven F. Josephs, Carl W. Saxinger, Flossie Wong-Staal, Robert C. Gallo

## Patent Number

6,054,283

## Date Patent Issued

April 25, 2000

## Title of Invention

Antibodies Against Human Herpesvirus-6(HHV-6) and Method of Use

1.  Filed herein is a certificate under 37 CFR 3.73(b). (Form PTO/SB/96)
2.  Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.

One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".

The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.

The assignee(s) owning an undivided interest in said original patent is/are The United States of America as represented by the Secretary of the Department of Health and Human Services, and the assignee(s) consents to the accompanying application for reissue.

## Name of assignee/inventor (if not assigned)

## Signature

## Date

## Typed or printed name and title of person signing for assignee (if assigned)

DALE D. BERKLEY #42,319  
Licensing Specialist

Burden Hour StatWashington, DC 20231.

SF 1423404 v1